

# Asthma School Form

*To be completed by the health care provider.*

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

How would you rate the severity of this student's asthma?

(not severe) 1 2 3 4 5 6 7 8 9 10 (severe)

When was the asthma first diagnosed? \_\_\_\_\_

How many times has this student been seen in urgent care or the emergency room for asthma in the past year? \_\_\_\_\_

How many times has this student been hospitalized for asthma in the past year?  
\_\_\_\_\_

## **Asthma medication to be taken at school (quick relief) :**

\_\_\_\_\_ Albuterol: \_\_\_\_\_ 2 puffs \_\_\_\_\_ 4 puffs every four hours as needed to relieve asthma symptoms. Repeat if breathing is not improved in 20 minutes.

\_\_\_\_\_ Levalbuterol (Xopenex): 2 puffs every four hours as needed to relieve asthma symptoms. Repeat if breathing is not improved in 20 minutes.

\_\_\_\_\_ Other medication: \_\_\_\_\_  
\_\_\_\_\_

## **Please check one:**

\_\_\_\_\_ Student may carry their own inhaler and self-administer as needed.

\_\_\_\_\_ Inhaler should be kept in the school health room

**Exercise:**

Should student routinely pre-medicate with inhaler prior to strenuous exercise such as gym class?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Are any exercise modifications necessary?    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, what?

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**Additional information:**

Is this student on regular preventer medication taken at home?  
\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, which medication? \_\_\_\_\_

Are there tobacco smokers in the home?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Physician Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print:    Physician Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax :** \_\_\_\_\_

**Parent / Guardian Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_